

State Child Exchange and Visitation Centers Grant

Fiscal Year 2006

Reporting Requirements



State of Kansas

Office of the Attorney General

MEMORANDUM

TO: Fiscal Year 2006 Grantees

FROM: Alisa Lange
Field Director/Grants Administrator

RE: State Child Exchange and Visitation Centers Reporting Requirements

Please note the following deadlines for submitting reports for the State Child Exchange and Visitation Centers Grant. **Read all of the reporting form instructions carefully.**

1. Financial Status Report (attached form):

This report must be ***received*** by the Office of the Attorney General within 15 days after the close of each calendar month, or the first business day, by 5:00 p.m. Refer to the attached Reporting Requirement policy. Any reports received after the following dates **will be considered non-compliant**:

August 16, 2005	September 15, 2005	October 15, 2005
November 15, 2005	December 15, 2005	January 17, 2006
February 15, 2006	March 15, 2006	April 15, 2006
May 16, 2006	June 15, 2006	July 15, 2006

A Financial Status Report must be filed on these due dates, regardless of expenditures. If no expenditures were made, the grantee shall file a report reflecting zero expenditures. All financial reporting forms must be received before new grant funds are disbursed. **Late financial reports will result in a delay of issuing checks.**

2. Grant Project Statistical Report (attached form):

This four-page report must be received by the Office of the Attorney General within 15 days after the close of a quarter, or the first business day, by 5:00 p.m. Refer to the attached Reporting Requirement policy. Any reports received after the following dates **will be considered non-compliant**:

October 15, 2005	January 17, 2006	April 15, 2006	July 15, 2006
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3. Grant Project Narrative Report (attached form):

This report is due semi-annually, 15 days after the close of the six-month reporting period, or the first business day, by 5:00 p.m. Refer to the attached Reporting Requirement policy. Any reports received after the following dates **will be considered non-compliant**:

January 17, 2006	July 15, 2006
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4. Projection of Final Expenditures (attached form):

A written notification must be received by the Office of Attorney General no later than 5:00 p.m., **April 15, 2006**, which projects the grantee's expenditures for the final quarter of the grant project period.

Thank you for your cooperation. If you have any questions, please do not hesitate to contact Alisa Lange at (800) 828-9745.

Attachments

POLICIES

GRANT PAYMENTS

Checks will be issued on a monthly reimbursement basis, contingent upon compliance with reporting requirements. Grantees should receive checks within 14-21 days after the due date of the Financial Status Report. If the grantee has a **staff change, change of address, or phone/fax number change**, the Attorney General's Office must be notified in writing within 10 days on grantee letterhead.

ADVANCE/EMERGENCY FUNDS

If for any reason a grantee requires an advance or shorter turn-around time, a need of emergency funds can be requested. To make this request, a letter must be faxed to the Attorney General's Office at (785) 291-3875, at which time the following criteria will be considered by staff:

1. The number of times in which a request for emergency funds has been made previously.
2. The timeliness and correctness of all grant reports (both Financial Status Reports and any Statistical or Grant Project Narrative Reports).
3. The amount of funds being requested for the immediate advance.
4. The need for the grantee to receive funds immediately
5. The grantee's reserve amount and why the reserve cannot be used temporarily.
6. What efforts the grantee is making to build up a sufficient reserve.

It is the grantee's responsibility to address numbers 3, 4, 5, and 6 in the request. The grantee will be notified by phone with the Attorney General's decision.

GRANT REPORTING INFORMATION

The following policy is to be applied to any grant reporting requirement set forth by this office. However, each grant program administered by this office has its own unique reporting requirements, so please refer to each individual report to find the appropriate due dates and instructions.

All reports received by this office that are **complete and correct** on or before the date that they are due will be issued a check, as long as funds are available from the appropriate state sources and as long as the grantee is in compliance with all grant awards received from this office. Any grantee submitting a late, incorrect, or incomplete report will not receive a check until the next batch of checks are issued for that particular grant program. **Complete and correct** reports must be received by 5:00 p.m. on the date that it is due. If this date falls on a Saturday, Sunday, or State Holiday, it may be submitted by 5:00 p.m. the next working day following that due date.

In any reporting period in which no expenses were incurred or no activity took place, the required reports must still be filed in a timely manner with the Attorney General's Office. If no expenses were incurred, report a zero for the period in question. If no activity took place or no services were provided, report zero statistics or state why no activity took place for the period in question.

If the grantee incurs obligations during the final grant reporting period that will be paid in the first month following the end of the grant project period, the grantee may mark the Financial Status Report as **"NOT THE FINAL"** report, reflecting those obligations appropriately. Upon expenditure for those obligations, the grantee will submit a **"FINAL"** Financial Status Report reflecting it as "Period Expenditures" in the first month following the end of the grant project period.

A grantee may fax its grant reports in order to comply with meeting the reporting deadline. **The fax number is (785) 291-3875. Please limit faxes to 10 pages. The faxed report must have all the required signatures and be received by 5:00 p.m. on the date it is due.** This office will **not** consider a faxed copy of a report to be timely if it is incomplete, lacking one or more signatures, or incorrect. Checks will not be issued for those not complying with this policy of faxing reports. **If a grantee chooses to fax a report, please do not follow it with a mailed copy.** The only documentation that must be mailed with original signatures is the Grant Assurances Form.

A grantee may request in writing an extension to submit a report late. Only under extreme circumstances will exemptions be allowed, i.e. medical emergencies, etc. If a letter is received before or on the due date of the report, a check may still be issued. The check will then be mailed upon submission of the report. A staff member of the Attorney General's Office will contact the grantee by phone to discuss the time line for the extended report and grant payment.

BUDGET REQUESTS/REVISIONS

Any modification, to the grantee's budget upon grant award notification exceeding **10%**, as described below, must first be approved by the Attorney General's Office. The procedure for receiving a budget revision follows:

Revision Request – Reallocation of dollars between approved line items in the grantee's grant project budget upon grant award notification is allowed one time without prior approval up to **10%** of the total line item cost that the funds are taken from, provided the change does not affect the scope of the grant project. However, a revised **Budget Summary Form and Budget Narrative** must be submitted to the Attorney General's Office 10 days prior to the effective date of the change. This rule does not apply to line items in the Equipment budget category.

Any modification made to the grantee's approved grant project budget that exceeds the **10%** rule or a modification in the Equipment budget category must first be approved by the Attorney General's Office. The Attorney General's Office defines equipment as assets with a useful life of one year or more and a purchase cost of \$100 or more. A written request should include an explanation of the **need** for the revision and the **amount** of grant funds that will be reappropriated. Budget revisions may only be requested within line items previously approved; funds cannot be moved into a new line item during the grant project period except under extreme circumstances. Please remember these grant project funds cannot be used to reimburse mileage expenses in excess of \$.33 per mile. If the Grantee chooses to reimburse at a rate in excess of this amount, the Grantee should be aware that no grant funds administered by the Kansas Attorney General's Office can be used to make up the difference. Grant project funds cannot be used to attend conferences/meetings/etc. that occur outside the United States.

Budget Summary Form – Attach to the budget revision request a revised Budget Summary Form(attached) reflecting the new requested budget. This form must be filled out completely and signed by a Grantee Representative for the request to be considered.

Budget Narrative – Attach to the budget revision request a revised Budget Narrative reflecting the new requested budget.

Approval/Denial – The Attorney General's Office will respond in writing to the grantee's request within 30 days. A request for a budget revision may be approved as requested, it may be partially approved, or it may be denied.

There is no limit to the number of budget revisions a grantee can request. However, frequent or repeated requests may raise concerns in regard to the grantee's budgeting practices. **No budget revisions may be requested during the final 30 days of the grant project period.**

An approval to allow a budget revision is effective as of the date of the approval letter. If the grantee requires the budget revision to be retroactive, or effective on a prior date, then the grantee must make that need clear in the original revision request.

EQUIPMENT PURCHASES

All equipment purchased with grant funds must have been included in the grantee's approved budget prior to the purchase. The Attorney General's Office defines equipment as assets with a useful life of one year or more and a purchase cost of \$100 or more. The grantee shall follow its agency written policies and procedures in regard to purchasing approval, needs assessment, bidding, etc. when purchasing equipment. For each equipment purchase, the grantee must provide the Attorney General's Office by mail or by fax, (785) 291-3875, with the following information within 30 days of the purchase date.

- Description of the Equipment
- Serial Number or other Identification Number
- Source of the Equipment
- Identification of Who Holds the Title
- Acquisition Date
- Cost of the Equipment
- Cost charged to Grant
- Percentage of Grant Fund Participation in the Cost of the Equipment
- Location of the Equipment
- Use and Condition of the Equipment

An Equipment Inventory Form is attached that includes all of the information listed above. It is the grantee's responsibility to maintain inventory records that can be reviewed at any time by the Attorney General's staff. In addition, the grantee is responsible for providing justification as to the need and use of the equipment. The amount of time the equipment is used for the grant project must be equal to or more than the percentage of the purchase cost that was covered by grant funds. In some instances, this may lead to the need for a usage tracking system to be in place, however, that is at the grantee's discretion to use such a system.

AUDIT REQUIREMENT

The Grantee assures that a current financial audit, or a time line for the completion of a financial audit, will be provided to the Kansas Attorney General's Office. Further, the Grantee will submit within 30 days of receipt any findings and/or recommendations stated in the audit or in the Letter to Management, including a written explanation stating how the findings and/or recommendations were, or will be, addressed by the Grantee.

The Attorney General's Office requires an audit to be conducted on any organization receiving grant funds. At a minimum, a financial statement audit must be provided over the most recent completed fiscal period following the requirements prescribed in OMB (Office of Management and Budget) Circular A-133.

There are three types of services that an independent accountant may perform for an organization: a compilation, a review, and an audit. A compilation is simply the preparation of financial statements, but they are unaudited, unreviewed, and provide no assurances. A review requires some analytical procedures to be performed, but offers a limited assurance. An audit includes the performance of analytical procedures, evaluation of evidence, and provides positive assurance regarding the financial statements presented.

This office does not accept compilations or reviews as substitution for an audit report. For organizations expending \$300,000 or more in federal funds during their fiscal year, a Single Audit is also required as stipulated in OMB Circular A-133. Grantees that do not provide sufficient information regarding their audit with their grant application will receive Special Conditions attached to their grant award in order to comply with these requirements.

CLOSEOUT FOR STATE GRANTS

During closeout, the Attorney General's staff evaluates all grant required work done by the grantee. When all work is complete and all necessary follow-up action is taken, the grant file is closed.

Requirements:

Financial Status Report – This report is to be completed quarterly, with the final Financial Status Report due in the Attorney General's Office by 5:00 p.m., **July 15, 2006**. Staff ensures that the reports were timely, that grant funds were expended in accordance with the Approved Budget, and that any excess grant funds on hand were returned to the Attorney General's Office.

Grant Project Statistical Report – This report is to be completed quarterly, with the final Grant Project Statistical Report due in the Attorney General's Office by 5:00 p.m., **July 15, 2006**. Staff ensures that the reports were timely, that the grantee conducted its grant project in accordance with approved goals and objectives, and that the grantee completed the report in accordance with the instructions provided by the Attorney General's Office.

Grant Project Narrative Report – This report is to be completed semi-annually, with the final report due in the Attorney General's Office by 5:00 p.m., **July 15, 2006**. Staff ensures that the reports were timely, that the grantee conducted its grant project in accordance with approved goals and objectives, and that the grantee completed the report in accordance with the instructions provided by the Attorney General's Office.

Projection of Final Expenditures – This report is to be completed and sent to the Attorney General's Office by 5:00 p.m., **April 15, 2006**.

Equipment Inventory Form - This form is to be completed and sent to the Attorney General's Office within 30 days of purchasing equipment with grant funds. Staff ensures that for every expenditure made in the equipment budget line item, there is inventory information on file.

Grant Review– The grantee may receive a grant review for each grant award made. The grant review may be a desk review or an on-site review. Any issues raised during the grant review must be resolved before the grant file can be closed.

When there are problems preventing the closeout of a grant, the grantee will be notified in writing and requested to take corrective action. After all of the criteria have been satisfied, the grant file will be closed and a closeout letter will be sent to the grantee.

REPORTING FORMS

INSTRUCTIONS FOR CEVC FINANCIAL STATUS REPORT FORM

(Due **15** Days After Close of Each Month, or the First Business Day, by 5:00 PM)

1. Name and address of grantee organization.
2. Grant Project Number--Use the number given to the grantee from the Attorney General's Office in the memo regarding reporting requirements.
3. Vendor Identification Number or Federal Employer Identification Number--City or county vendor number if government grantee, or federal employer identification number if not for profit grantee.
4. Final Report--Mark "Yes" only when submitting the last Financial Status Report for the entire grant project period.
5. Basis of Accounting--Indicate whether the grantee's accounting system is cash or accrual basis for recording transactions related to this award.
6. Grant Project Period--Dates of the funding cycle, July 1 through June 30.
7. Report Period--**Month** in which the grantee is reporting financial information.

Budget Category:

All amounts should be rounded off to the nearest whole dollar and no amounts reported should carry a negative balance.

Approved Budget--List the approved grant amount for each budget category, per the Budget Summary Form. This column represents the total grant award for Fiscal Year 2006. Refer to the Budget Revisions section within the Reporting Requirements to address any changes made to this column.

Period Expenditures--Amount of grant funds spent in each budget category during the month in which the grantee is reporting. This includes cash only expenditures not obligations incurred.

To-Date Expenditures--Amount in each budget category spent since grant period began, or the accumulated total of Period Expenditures reported as of this date.

Carry-Over--Any grant funds **received** but not yet spent, meaning cash on hand at the end of the month. Only a total is required, not a break-down per budget category.

Obligations--Any expense that was incurred during the month in question, but not yet paid. Only report information in this column if the grantee uses accrual basis accounting, and only report expenses that will be paid in the next month with grant funds.

Funds Remaining--Any grant funds yet to be **received** from the Attorney General's Office from the amount awarded for the grant project period. Only a total is required, not a break-down per budget category.

Total all columns and sign. **There must be two different signatures on the Financial Status Report or it will be returned to the grantee organization.**

**Office of the Kansas Attorney General
Grant Project Statistical Reporting Form Instructions**

CEVC

FY 2006

Due Dates: 1st Quarter - October 15 / Reporting Period: July 1 - September 30
 2nd Quarter - January 17 / Reporting Period: October 1 - December 31
 3rd Quarter - April 15 / Reporting Period: January 1 - March 31
 4th Quarter - July 15 / Reporting Period: April 1 - June 30

Definitions:

Supervised Visitation - The contact between a non-residential parent and a child which occurs in the presence of an independent third person.

Supervised Exchange - The supervision of movement of the child from the residential to the non-residential parent at the start of the non-residential parent/child contact and from the non-residential parent back to the residential parent at the end of the contact.

Child - A minor, age birth to age 18.

Residential Parent - The person with whom the child primarily resides. For simplicity, the term residential parent has been used although it is acknowledged that the child may reside with a non-parent. Residential parent may refer to a biological parent, adoptive parent, legal guardian, state agency and its representatives who have temporary or permanent legal custody of a child, any other person with whom the child primarily resides, or any other person responsible for the child.

Non-Residential Parent - The person who is authorized to have contact with the child. Again, it is acknowledged that the non-residential parent may not be one of the child's parents.

Clients - The persons involved in receiving child exchange and visitation services. Clients may include the child(ren), residential parent, and non-residential parent.

New - Clients who have not been previously served by your program.

Continuing - Clients who were counted in the previous reporting period and are still receiving services during the current reporting period.

Returning - Clients documented as receiving services in a reporting period other than the one directly preceding it and is returning for further services during this reporting period.

Client Group - A group consisting of the residential and non-residential parents and the child(ren), i.e., mother, father, and their child(ren).

Directions:

Please read all of the directions carefully before completing the report.

If needed, please attach additional information on a plain sheet of paper.

The information included in this report should be the status of the client group/individual at the time of in-take.

GROUPS

4. Number of New Client Groups: Enter the number of new client groups receiving services for supervised visitation and supervised exchange.
5. Number of Returning Client Groups: Enter the number of returning client groups receiving services for supervised visitation and supervised exchange.
6. Total Number of New and Returning Client Groups: Enter the total number of new and returning client groups receiving services for supervised visitation and supervised exchange. *The sum totals should equal the sum totals in sections 18, 19, 21 (visitation groups), 22, 23, and 24.*
7. Number of Continuing Client Groups: Enter the number of continuing client groups receiving services for supervised visitation and supervised exchange.

INDIVIDUALS

8. Number of New Individuals: Enter the number of new children and adults (all children and parents, relatives, or foster parents responsible for the children) receiving supervised visitation and supervised exchange services. **Do not include guardian ad litem, CASAs, child placement agency workers, SRS workers, or any other government or court authority.**
9. Number of Returning Individuals: Enter the total number of returning children and adults (all children and parents, relatives, or foster parents responsible for the children) receiving supervised visitation and supervised exchange services. **Do not include guardian ad litem, CASAs, child placement agency workers, SRS workers, or any other government or court authority.**
10. Total Number of New and Returning Individuals: Enter the total number of new and returning children and adults (all children and parents, relatives, or foster parents responsible for the children) receiving supervised visitation and supervised exchange services. **Do not include guardian ad litem, CASAs, child placement agency workers, SRS workers, or any other government or court authority.** *The sum totals should equal the sum totals in sections 14 and 15. The sum total of new and returning adults should equal the sum total in section 17.*
11. Number of Continuing Individuals: Enter the total number of continuing individuals (all children and parents, relatives, or foster parents responsible for the children) receiving supervised visitation and supervised exchange services. **Do not include guardian ad litem, CASAs, child placement agency workers, SRS workers, or any other government or court authority.**

12. Total Number of Supervised Visitation Contacts: Enter the total number of times the service of supervised visitation was provided **during this reporting period**.
13. Total Number of Supervised Exchange Contacts: Enter the total number of times the service of supervised exchange was provided **during this reporting period**.
14. Number of Returning and Continuing Client Groups Formerly Receiving Visitation Services, but Now Receiving Exchange Services: Enter the total number of **returning and continuing** client groups which originally participated in supervised visitation, but are now participating in supervised exchange.
15. Number of Returning and Continuing Client Groups Formerly Receiving Exchange Services, but Now Receiving Visitation Services: Enter the total number of **returning and continuing** client groups which originally participated in supervised exchange, but are now participating in supervised visitation.
16. Person Responsible for Bringing the Child(ren) to the Program: Enter the number of **new and returning** persons in each category that are responsible for bringing the children to the program. In the case of an individual meeting more than one of these categories, identify the person by the category that is most applicable and indicate there is more than one category to which they can be counted. This section should only **include guardian ad litem, CASAs, child placement agency workers, SRS workers, or any other government or court authority, not parents, relatives or foster parents**.

INDIVIDUALS

17. Race/Ethnicity: Enter the total number of **new and returning** clients under each of the appropriate race categories, and break them down by sex. What race/ethnicity does the client consider him/herself to be? Choose one best answer. Categories include: White/Caucasian, not of Hispanic origin; Black or African American; American Indian/Native American, Eskimo, or Aleut; Spanish/Hispanic/Latino, including Mexican American, Mexican, Cuban, Chicano, Puerto Rican, Central American, South American, other Spanish; Asian or Pacific Islander, including Chinese, Filipino, Hawaiian, Korean, Vietnamese, Japanese, Asian Indian, Samoan, Guamanian, Cambodian, Laotian, other Asian or Pacific Islander; Bi-Racial; and Other (specify). Report demographic information on all children and all adult clients responsible for bringing the child(ren) to the program, **except if those persons are guardian ad litem, CASAs, child placement agency workers, SRS workers, or any other government or court authority. Report only parents, relatives or foster parents.** *The sum totals of females and males in this section should equal the sum totals of females and males in section 15*
18. Age: Enter the total number of **new and returning** clients under each appropriate age category and break them down by sex. Report demographic information on all children and all adult clients responsible for bringing the child(ren) to the program, **except if those persons are guardian ad litem, CASAs, child placement agency workers, SRS workers, or any other government or court authority. Report only parents, relatives or foster parents.**
19. Special Needs: Enter the total number of **new and returning** clients in the appropriate special needs categories. Definitions: "Physical" - any differently-abled conditions of the clients i.e., wheel chair user, sight or hearing impaired. "Mental Health" - any special

mental health conditions, i.e., bi-polar disorder, schizophrenic, etc. “Non-US Citizen” - Clients who are not citizens of the United States. “Non-English Speaking” - self explanatory. “Other” - any special needs not identified above. Report demographic information on all children and all adult clients responsible for bringing the child(ren) to the program, **except if those persons are guardian ad litem, CASAs, child placement agency workers, SRS workers, or any other government or court authority. Report only parents, relatives or foster parents.**

20. Sex of Adult Clients: Enter the total number of **new and returning** clients by sex. Report demographic information on all adult clients responsible for bringing the child(ren) to the program, **except if those persons are guardian ad litem, CASAs, child placement agency workers, SRS workers, or any other government or court authority. Report only parents, relatives or foster parents.**

GROUPS

21. Marital Status of Adult Clients: Enter the number of **new and returning** clients under the appropriate marital status category participating in supervised visitation or exchange contacts. Report the current marital status of the adult clients as that status relates to their child(ren) in the client group.
22. Source of Referral: Enter the number of **new and returning** client groups referred to your program under the appropriate categories.
23. Reason for Referral: Enter the number of **new and returning** client groups referred to your program under the appropriate categories. If there are multiple reasons for the referral, report all of the reasons. *The sum total in this section should be equal to or greater than sum total in section 3.*
24. Frequency of Contacts: Enter the number of **new and returning** client groups participating in supervised visitation and exchange contacts for each of the categories of time. “Monthly” - report the number of client groups participating once a month; “bimonthly” - report the number of client groups participating twice a month; “weekly” - report the number of client groups participating once a week; “biweekly” - report the number of client groups participating twice a week; “more than twice a week” - report the number of client groups participating more frequently than twice a week.
25. Paying for Services: Enter the number of **new and returning** client groups receiving supervised visitation and exchange services for no fee, partial fee or full fee.
26. Participation is: Enter the number of new and returning client groups participating in supervised visitation or exchange on a voluntary or mandatory basis. “Mandatory” refers to participation as a result of a court order.

27. Length of Time Client Groups Continue Participating in Supervised Visitation and Exchange: Enter the number of **cases closed during this reporting period** (those client groups to which you are no longer providing services) who participated in the supervised visitation and exchange for each of the categories of time. *The sum total should equal the sum total of sections 26 and 27(#26 + #27 = #25).*

28. Number of Client Groups Successfully Completing the Service: Enter the number of client groups no longer receiving supervised visitation or supervised exchange services because they have successfully completed the program. The definition of “success” shall be determined by your program. **Report only closed cases in the current reporting period.**
29. Total Number of Terminations of Service: Enter the number of client groups dismissed permanently from the program, i.e., services were ceased due to increased safety concerns with a particular client group. **Report only closed cases in the current reporting period.**
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30. Referrals Made During This Reporting Period: Enter the number of referrals your program made to other services in each of the categories **during this reporting period.**
31. Number of Client Groups Applying for Services or Referred to Your Program: Enter the total number of client groups applying to receive your services or referred to your program **during this reporting period.** This number will include all client groups contacting your agency for supervised visitation and supervised exchange services whether or not they actually receive these services. *The sum equal the sum total of sections 3 and 30 (#3+#30=#29).*
32. Total Number of Client Groups the Agency is Unable to Serve: Enter the number of client groups to which your program was unable to provide services **during this reporting period** in the appropriate categories.
33. Number of Security Related Incidents: Enter the number of security related incidents occurring **during this reporting period.** “Security Related Incidents” refers to any time when it was necessary to have law enforcement or security personnel intervene in any client contact. Please give information regarding the nature of the incident.

PROJECTION OF FINAL EXPENDITURES

DUE APRIL 15, 2006

Name of Grantee Organization:

Grant Project Number:

Grant Award Amount:

Expenditures Reported First **Three** Quarters:

Projected **Fourth** Quarter Expenditures:

Total Expenditures:

Funds Remaining:

EQUIPMENT INVENTORY FORM

STATE OF KANSAS
OFFICE OF THE ATTORNEY GENERAL
120 SW 10TH Avenue, 2nd FLOOR, TOPEKA, KS 66612-1597

All grantees are required to fill out this form if equipment is purchased with any grant funds administered by the Kansas Attorney General. Any equipment purchase must have been approved as part of the grant award. The Attorney General's Office defines equipment as assets with a useful life of one year or more and a cost of \$100 or more. This form must be sent or faxed, **(785) 291-3875**, to the Attorney General's Office within 30 days of purchasing the equipment. A copy should also be retained in the grantees grant file.

Name of Grantee Organization:

Name and Phone Number of Individual Completing Form:

Grant Project Number:

Description of the Equipment:

Serial (or other identification) Number:

Source of the Equipment:

Identification of Who Holds the Title:

Acquisition Date:

Cost of the Equipment: _____ Cost Charged to Grant:

Percentage of Cost Paid for with the Above Referenced State Grant:

Location of Equipment:

New/Used (circle one) Equipment on Date of Purchase. If Used, Condition of Equipment:

If you have questions, please do not hesitate to contact this office at (800) 828-9745. Thank you for your assistance in this matter.